

Challenges Faced by Faculty of Medical Education Due to the Structural Variation in its Departments across Medical Colleges

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ABSTRACT

Aim: To explore the challenges faced by faculty of medical education due to structural variation of Department of Medical Education (DME).

Study Design: Qualitative study

Place and duration of study: Islamic International Medical College, Riphah International University Rawalpindi from 1st March to 31st August 2022.

Methodology: Interviews were taken from 11 DME faculty members through Zoom which were recorded and transcribed. Coding of data and thematic analysis were conducted manually.

Results: The current setups of DME showed variation in hierarchical structure, they are having minimum one member or maximum five members. The challenges faced by Health Professions Educationists due to structural variation are lack of trained, experienced and qualified faculty, support staff, infrastructure, funds, resistance from faculty and administration. Internal and external politics, lack of authority and no autonomy results in demoralizing the morale of DME.

Conclusion: The number of faculty members, support staff and the hierarchy of DME is left completely to the discretion of the medical college management. Trained faculty, protected time for research, proper hierarchical structure and provision of funds may facilitate in achievement of basic and quality standards set by accreditation bodies.

Key words: Department of medical education (DME), Health professions education, Medical educationist, Hierarchical structure

INTRODUCTION

Across the globe, Department of Medical Education in the medical schools are established to facilitate the research culture, address the continuing professional development, faculty development program, accreditation from the regulatory bodies, upgrade the curriculum and assessment¹⁻³. Due to limited number of expert and trained faculty members, institutions recruited the faculty as per their availability. Flexibility is the key to staffing DME with the ideal mix including enthusiastic junior staff along with experienced senior academics with the broad understanding and a vision in medical education. The ideal skill mix includes organizers, thinkers, innovators and motivators⁴. There is lack of full-time qualified educationist and support staff in DME in majority of medical colleges⁵. The departments were established by the institutions due to pressure from regulatory bodies. Nevertheless, opening a DME does not guarantee the improved scenario of medical education in an institute, unless the department is actively functioning to achieve its objectives for fruitful results. To achieve the objectives, DME requires to develop a strategic plan for itself and the college it serves^{6,7}.

All basic and clinical sciences departments in medical education have a set of hierarchy in the institutional organogram; that is professor, associate and assistant professors, lecturers, support staff. There is need to establish proper hierarchical structure in DME which will lead to an effective team resulting in proper functioning.

There is need to explore challenges faced by faculty of medical education due to structural variation in DME and address the ways to overcome these barriers.

MATERIALS AND METHODS

This qualitative study was conducted at Islamic International Medical College Riphah International University Rawalpindi from 1st March 2022 to 31st August, 2022. Ethical approval was given by Ethical Review Committee (Riphah/IIMC/ IRC/22/2014 dated January 27th 2022). The participants of the study were 11 members including head of departments and faculty members of

DME from KPK, Punjab and Baluchistan. To develop many perspectives, maximal variation sampling was done⁸.

The theoretical framework of this research study is based on constructivist theory. The challenge of medical education in the 21st century lies in the progressive application of innovations derived from epistemological change to learning processes in the field of medicine, in such a way that they respond to new trends in the post-modern world. To face this challenge, it is necessary to introduce innovations in medical education, by introducing the constructivist approach in training of human resources for health⁹⁻¹¹

A validated interview guide was emailed to participants followed by online interviews from 20-40 minutes via ZOOM software. These interviews were recorded and transcribed. The quotes were extracted from data, manual coding was done. Similar codes were grouped together resulting in formation of sub-themes and themes. The validity of the results was ensured through thick description, member checking and reflexivity. Data was cross checked by an independent researcher^{12,13}.

RESULTS

There were 5 themes, 22 sub themes and 54 codes. The themes were categorized as structural variations in organization, lack of HR, infrastructure, funds, managing dual duties, challenges faced in conducting activities of DME, identification of main challenges and solutions to overcome those challenges. The organizational structure of DME of all medical colleges varies from each other. The variation in structure is directly related to the challenges faced by the full time and part time faculty of DME (Table 1). Due to this structural variation of DME, the tasks to be performed by the DME faculty are affected. The tasks of DME are beyond the capacity of one individual, due to which tasks are accomplished somehow but they are not up to the mark or they lag behind. In medical colleges where 2-3 faculty members are working; there is lack for research and FDP due to time constraints, lot of resistance from faculty, administration. The medical college which had 5 faculty members was facing political interference and lack of space.

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Table 1: Structural variations, challenges faced by DME faculty and the representative quotes

Structural variation	Challenges faced by DME faculty	Representative Quotes
1 Faculty member	Increased workload	P10 said that, "I am the only one in DME who is providing services for DME. I am pulmonologist also."
	Task management	P3 said that, "I have my own anatomy department and then looking after DME also, tasks lag behind"
	Multiple duties	P1 said that, "DME cannot do all things as being one person in DME."
2-3 Faculty members	Lack of purist medical educationists	P5 said that, "I will tell you the problems, basically in all medical colleges, they are the same, as lack of purist medical educationists, there is no proper medical education department hierarchy, the faculty is working in parent department as well as in DME. So, they are not giving time and energies to medical education department."
	Unfulfilled requirements of infrastructure & funds	P2 said that, "We need more computers. It is resource rich department as it cannot work without fulfilling these requirements. We need space, furniture, stationary, we need computers to deliver the lectures."
	Resistance from faculty and administration	P6 said that, "The faculty said that we are already doing too much, busy in our classes and routine, and they were very much resistant, so it comes from both sides, resistance from faculty, resistance from higher administration."
	Work on traditional system	P9 said that, "We made curriculum on modular systems per the guidelines of university but the faculty do not follow it. They follow the old system mostly"
5 Faculty members	Lack for research and FDP	P5 said that, "According to rules, faculty should be sent to other institute for faculty development programs; lots of fund is required in this context and our management does not want to spend much in this context".
	Internal and external politics	P10 said that, "The intra-institutional politics, from the students, from the unions of employees, they are also one of the big challenges and the barrier for us"
	Impose personal thinking rather than following affiliated university guidelines	P2 said that, "There are some deans who imposes the things that are in their minds. DME want to work on the lines that are given to us by the regulatory bodies. So, if the Dean is stuck with something, he will ask me to do that thing, not which is required for the benefit of students or by DME."

DISCUSSION

This research explored the structural variation of DME in different medical colleges and how different challenges exist due to this structural variation.¹⁴ However, structure standardization is the most fundamental principle for bringing in uniformity and improvement in performance. Most of the medical colleges have DME, however the institutions use their liberty in hierarchical structure of the department, the number of faculty members and staff, allocation of resources and dedicated appointment of the human resource for this department. Due to this liberty, the faculty of the department face a lot of challenges. It starts from management of entire department by one person to maximum of five persons. This structural variation highlights the level of seriousness and importance towards the DME¹⁵. The quality of duty and additional charge is very common in DME, like working in parent department with an additional responsibility of DME. However, it is not a side line job, which can be managed with other responsibility. Qualification compromise is very commonly observed, diplomas and certification are considered enough for becoming part of DME. Even in few institutions the heads of DME do not have relevant qualification. Relevant qualification is one prerequisite for the recruitment and performance for successful DME, multi professional staff is required^{3,16}. It is preferable to have those people who possess some qualification that is Masters or PhD in medical education¹⁷. DME may be headed by either a medical educationist or medical educator, but the gist is that they should have a basic degree in medical education¹⁸. Therefore, lack of qualified HR results in increase in workload of DME. Those departments in which the staff was not sufficient, the basic challenge was task management and lack of HR. In institution where faculty was sufficed, the challenges shifted towards factors like lack of financial and infrastructural resources etc. In cases where all this was present, the major challenge was lack of interest of the participants, resistance to change, internal and external politics.

The faculty identified the negligence in provision of logistics like teaching space, furniture, office setup, IT systems etc^{4,7,19}. Similarly, the commitment from the leadership of the institute to ensure the availability of the resources for smooth functioning of DME is required. DME functions are primarily dependent on leadership because of their ability to drive and strive for the resources for the departments²⁰. Lack of strategic management and coordination of top management creates hurdle for DME to implement the updated education strategies⁵. Faculty is reluctant in accepting the change in learning new mechanism and dynamics of teaching. Faculty Development Program (FDP) can promote a culture of change by helping to develop institutional policies that support and reward excellence, recognize innovation and scholarship and enable career advancement^{21,22}. In order to make DME more significant and effective, the departmental structure and

designations should also be standardized just like basic and clinical sciences departments of medical college.

Regulatory bodies made extensive efforts to establish DME in every medical college. Despite establishing it through legal bodies, the outcomes are still not visible because of challenges propounded by this research finding. This is the high time that regulatory bodies develop a new set of robust standards that are valid, reliable, acceptable, measurable and compatible with both the local context and changing global scenario.²³ Similarly Quality Enhancement Cell (QEC) in many institutions is only taking feedbacks and recommendations due to inadequate HR. They do not have any plan of how-to bring improvement in the overall system via DME. While DME can assist their institutions in planning, document development and implementation for accreditation and quality assurance processes^{5,24-26}. Because the faculty of other departments view their role being diminishing when they are called by DME for workshops. In order to bridge this gap and untangle this misunderstanding QEC is unable to coordinate despite knowing the issues²⁶. Simultaneously, program evaluations are also not conducted by any medical college few are planning to start but not started yet. According to the findings, the lack of research is attributed to time management, work overload and lack of support infrastructure.

Limitations: This study was carried out in Pakistan, representation from all provinces and regions was ensured except from Sindh and AJK. However, to improve generalizability of the study more institutions and regions need to be involved. Due to time constraints the study could not be extended to these regions because of delayed responses from these areas.

CONCLUSION

In nutshell, challenges exist for the sake of solution. DME structural variations investigated and studied in this research highlights the lack of standardization and knowledge about the importance of DME. It is required to bring in more awareness at strategic level and transfer that via top-down approach so that everyone feels sense of ownership with this department and acknowledge that reducing challenges of this department will ultimately bring in well for the entire institute.

Conflict of interest: Nil

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